

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: _____ ☐ Regular Classes ☐ Special Education
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: 21 ☒ Appears Stated Age ☐ Appears Younger ☐ Appears Older
Dress/Grooming: ☐ Appropriate ☐ Marginal ☒ Disheveled ☐ Bizarre
Posture: ☐ Unremarkable ☐ Rigid ☒ Stooped
Facial: ☐ Unremarkable ☒ Hostile ☐ Worried ☐ Tearful ☐ Sad
Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☒ Poor Eye Contact
Motor Activity: ☐ Increased ☒ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☒ Agitation ☐ Tremors ☐ Tics
General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☒ Suspicious ☐ Argumentative
☒ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile
Mood / Affect: ☒ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted
Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive
Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified
Abstract Thinking: ☐ Unimpaired ☐ Concrete ☒ Impaired
Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____
Hallucinations: ☒ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile
Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory
Insight / Judgment: ☐ Unimpaired ☒ Poor Judgment ☐ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: A. Thomas RN Date: 6/16/04

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Page 2 of 2

| | |
|---------------------------------------|------------------------|
| Inmate Name <u>Hampton Randall</u> | AIS # <u>226430</u> |
|---------------------------------------|------------------------|

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

Educational Assessment

Highest Grade Completed: _____ ☐ Regular Classes ☐ Special Education
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: ☐ Appears Stated Age ☐ Appears Younger ☐ Appears Older
Dress/Grooming: ☐ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre
Posture: ☐ Unremarkable ☐ Rigid ☐ Stooped
Facial: ☐ Unremarkable ☒ Hostile ☐ Worried ☐ Tearful ☐ Sad
Eyes: ☒ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact
Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics
General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☒ Suspicious ☐ Argumentative
☒ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile
Mood / Affect: ☐ Flat ☒ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted
Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive
Thought Content: ☒ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified
Abstract Thinking: ☐ Unimpaired ☐ Concrete
Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____
Hallucinations: ☐ None ☒ Auditory ☐ Visual ☐ Olfactory ☐ Tactile
Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory
Insight / Judgment: ☐ Unimpaired ☒ Poor Judgment ☐ Poor Insight
☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: A. J. Thomas RN Date: 7/07/04
☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Page 2 of 2

| | |
|---------------------------------------|------------------------|
| Inmate Name <u>Hampton Randall</u> | AIS # <u>226420</u> |
|---------------------------------------|------------------------|

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Randall Hampton AIS#: B/m 226420
Institution: BCCF Date of Disciplinary Report: June 14, 2004

Is the inmate currently on the mental health caseload?

☒ Yes ☐ No

If Yes, referred for mental health evaluation/consultation on: June 16, 2004
Rule # 38 (Indecent Exposure/Exhibitionism)

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
Is the inmate appropriately dressed?
Does the inmate make sense?

Does the inmate know what date it is? Does inmate know why he is seeing hearing officer?
Is inmate able to speak coherently? Does the inmate avoid eye contact?
Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? ☐ Yes ☐ No

-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 6-17-04

Date consult returned: 6-17-04

Is the inmate competent to participate in the hearing?

If NO, why is the inmate not competent?

☒ Yes ☐ No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?

If YES, briefly describe the issues:

Yes ☒ No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?

If YES, briefly describe the issues and possible relation to the disposition:

Yes ☒ No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Mental Health Staff Member: Mr. [Signature] Phone Contact: 132

Yes ☒ No

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?

Yes ☐ No

Have the mental health recommendations been considered?

Yes ☐ No

Hearing Officer: _____ Date: _____

| | |
|-------------|-------|
| Inmate Name | AIS # |
|-------------|-------|

ALDOC Form 466-01

5 of 5

Hampton was reviewed in the staff meeting and interviewed by me in the infirmary. He was able to communicate with me in a clear fashion and he said he could present his side of the matter to the hearing officer. He would like help from his counselor but did not know. The staff has not expressed an interest in him.

AR 466 - December 11, 2001

IN DISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|---------|---------|--|-----------|
| 6/18/04 | 1500 | <p>S. seen in seg following reports of regressive behavior.</p> <p>He claims "voice" of "devil"</p> <p>Insomnia</p> <p>O. Alert</p> <p>Relatively calm Organized</p> <p>No threats now to self or others</p> <p>A. Severe personality d/o w/ episode of regression</p> <p>P. Thiazine x 3d</p> <p>Support</p> <p>The potential benefits and side effects of <u>Thiazine</u> within the dosage range of <u>50/d</u> have been discussed with the inmate and the inmate has agreed to accept the medication.</p> <p><i>[Signature]</i></p> | |
| 6/21/04 | 6:30 PM | <p>S) Called yesterday about Mr. Hampton</p> <p>RUNNING INTO THE WALL in Seg.</p> <p>O) Placed in 5PT restraints in 1A19CMA</p> <p>for his own protection</p> <p>Sleep soundly (out of restraint this morning).</p> <p>App no chg.</p> <p>Return to Segregation.</p> | |
| 6/21/04 | | <p>Mental Health Disciplinary Process File <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i></p> | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randall | 226420 | 21 | 13m | 104 |

| DATE | TIME | NOTES | SIGNATURE |
|---------|---------|---|-----------|
| 6/16/04 | 1:20 PM | S) Still Threatening self; While person I had free to use The urine - However His THREAT TO fall backward off the sink on his head mandates continued Restraint. | |
| 6/17/04 | 6:50 PM | S) Seen in INP. room PT Slept all night - 5 minutes on medication D) While discuss E STAFF & Security A) When to return PT. to 5g. or Doc P) Present. | |
| 6/17/04 | 8:40 PM | Released to Doc Present. off suicide watch. | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randi | 226420 | 21 | BA | BCC |

| DATE | TIME | NOTES | SIGNATURE |
|----------|--------------------|--|-------------------|
| 06/15/04 | 10 15 AM | S- Dead hair shampoo. O- Chewing & physically aggressive. Hunched No Clasp A- Showing up undigested food P- Seen by n/a - Subv. TM Ascorb administered in Rt. genital & reaction. Placed in HCU in 5 pt restraint. PO antacid administered. E- Noted as missing staff of self distress. | Robert R. Chucian |
| 6/16/04 | 14 ³⁰ | PT calm n/a. Will return to 5 pt restraint. | |
| 6/16/04 | 6 ⁴⁵ AM | PT calm the n/a. Voluntary return Will return to 5 pt. | |
| 6/16/04 | 8 ¹⁵ AM | S) PT Provoked in cell in 5 pt. G) Brought to HCU by n/a & Subv - Tendency to flee back out of J) As above & before John Smith. P) Placed in 5 pt restraint to Subv Com. | |
| 6/16/04 | 10 ³⁰ | Repeats Verbal telling him to stay down. Cant resist. | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|---------|----------|-----|----------|
| Hampton, Ronald | 226420. | 10/15/83 | B/M | BCCF |

| DATE | TIME | NOTES | SIGNATURE |
|---|------|--|-----------|
| 5/8/04 | | <p>S) Prisoner + Defendant INITIALS WAS SLEEPING WHEN I WENT IN</p> <p>O) NO ANGER EMITTED INITIALS BUT ONCE HE Woke UP STANDS BANGS ON THE DOOR + WALKS BACK AROUND THE CELL IN AN ANGRY FASHION + HIS FISTS Balled UP.</p> <p>A) BY PROSIVE PD. / IMPROPER DISUSE / ASPD (1/6 RESIDUAL BRAIN DAMAGE?)</p> <p>P) (SEE DR. KERN'S note of 10/20/03.) AT THIS POINT IN TIME HE IS PLACED A SECURITY PRISON TO MANAGE. - HOWEVER WILL GET A SKULL X-TO DETERMINE DATE + FOR ALL IF IT HAS A STEEL PLATE THERE.</p> | |
| MHM Correctional Services Dr. Bill Sanders | | | |
| 5/5/04 | | <p>- PT going down the hall discussing to Capt. Wither - He says - It is hard to take + Understand.</p> | |
| 5/6/04 | | <p>X-OF - NO STEEL PLATE or BURN HOLES in the SKULL.</p> | |
| 6/15/04 | | <p>S) Act UP again. - Run into wall - DRUG STAMPED O) drug use A) rights with DISC P) Place in Hall a Security note in SPT Report</p> | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|---------|-----|-----|----------|
| Hampton, RANDALL | 226 426 | 21 | Br | BCCO |

Monthly Activities

Date 3.11.04EM Name Randall Nampton AIS# 226420

Was offered the following recreational activities during the month of:

March 04, activities: Mental stimulation
worksheet, open recreation, music therapy,
current events, bingo, conflict resolution,
gospel, cartoons, western, movies, under-
standing violence, moral & values, stress mgmt.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

Signature _____

| DATE | TIME | NOTES | SIGNATURE |
|---------|-----------------------|---|----------------|
| 3/25/04 | | <p>Treatment Review</p> <p>240 Inmate Hampton has seizures occasionally. Reports thinking other people are to get him. Spends most of time expressing & writing lawyer. Confused affect</p> <p>Next session is scheduled in two weeks.</p> | A. Peters, MHP |
| 5/4/04. | 5/10 ⁴³ AM | <p>PT WAS SEEN IN VISIT ROOM WHERE HE WAS ARGUING TURNING CHAIRS & A FAN AROUND, CUSING & FLIGHTY TALK OFFER HE WAS VISITING HIS MOTHER & FATHER AT THE TIME, & WAS ABLE TO WITNESS THE UNPROVOKED NATURE OF THE EVENT</p> <p>Q) EXPLOSIVE ARGUE OUT OF CONTROL THREATS TO DO HARM & WANT TO BE RELEASED. "YOU ARE GOING TO KILL ME" etc.</p> <p>A) ACUTE EXPLOSIVE psychotic reaction of <u>RAGE</u>!</p> <p>P) HADDOUL & ATAN IMA - 5PT RESTRAINT & SUICIDE WATCH in INT.</p> | |
| 5/4/04. | 12 ⁵⁵ | <p>S) PT ASLEEP & CALM</p> <p>Q) WITH RELEASE OF 5PT RESTRAINT,</p> | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randall | 226420 | | BM | BOCF |

II DISCIPLINARY PROGRESS NOTE

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|---|-----------|
| 1-29-04 | | <p>Treatment Note:</p> <p>(S) Patient sleeps the "Mystery" of the Day. Patient does not participate in any group activities or Exers being offered by officers. I believe my medication is causing me to sleep like this. I'm not complaining about it because it keeps me out of trouble. MHP has noticed that Patient has not gotten any disciplinary citations. Patient seems to be functioning well for the RTH. According to (MAR) Medication Compliance is in good.</p> <p>(S) Patient's speech was seemed halting was understandable. Appearance was acceptable.</p> <p>(A) Schizophrenia Disorder</p> <p>(P) Will continue to provide individual counseling with encouragement of Medication Compliance.</p> <p>S. Ham, M.S., MHP</p> | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| HAMPTON, Randall | 226420 | | B/M | BCCF |

Monthly Activities

Date: 2.12.04IM Name: Randell Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

February 04, activities: Mental stim-
ulation worksheet, Open recreation,
bingo, music therapy, bingo, current
events, gospel, music, cartoons,
moral + values, hygiene, social skills

His level of participation was generally active/~~marginal~~/~~reluctant~~/~~resistant~~/~~refused to participate~~ in the previously mentioned group(s). This is ~~consistent~~/~~inconsistent~~ with his use of recreational services to date. Affect was generally ~~angry~~/~~hostile~~/~~animated~~/~~blunt~~/~~euthymic~~/~~flat~~/~~inappropriate~~/~~neutral~~/~~sad~~. Mood appeared ~~angry~~/~~sad~~/~~neutral~~/~~euthymic~~/~~depressed~~/~~surly~~/~~belligerent~~/~~indifferent~~. Hygiene was ~~good~~/~~WNL~~/~~poor~~. IM was generally ~~on time~~/~~late~~. General appearance was ~~Neat~~/~~WNL~~/~~Disheveled~~/~~Shabby~~. Speech was generally ~~clear~~/~~mumbling~~/~~slurred~~/~~unintelligible~~. Interpersonal interactions were generally ~~relevant~~/~~irrelevant~~/~~insightful~~/~~superficial~~/~~confrontational~~/~~Indifferent~~/~~no interaction~~.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Brumby
 Signature

Monthly Activities

Date 12.10.13IM Name Randell Hampton AIS# 226420

Was offered the following recreational activities during the month of:

Dec 13, activities: Linger, open recreation, mental stimulation work sheet, self-esteem, art therapy, moral & values, coping skills, dress mgmt, gospel movies, music therapy.

His level of participation was generally active/marginal/reluctant/resistant/refused to participate in the previously mentioned group(s). This is consistent/inconsistent with his use of recreational services to date. Affect was generally angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad. Mood appeared angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent. Hygiene was good/WNL/poor. IM was generally on time/late. General appearance was Neat/WNL/Disheveled/Shabby. Speech was generally clear/mumbling/slurred/unintelligible. Interpersonal interactions were generally relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Berry
 Signature

INTERDISCIPLINARY PROGRESS NOTES

DATE TIME

NOTES

SIGNATURE

12-18-03

Treatment Note:

S- Patient has not had a recent episode of any suicide attempts or any verbal reference to suicide. Concerns about the effects of suicidal ideations were brought up in an open and honest manner. Emphasis was placed on the permanent nature of using suicide as a solution.

for a temporary problem or emotional state. Patient got one appointment was not taking his medication due to fear someone trying to hurt him.

- D- Patient was agitated, angry and paranoid.

- A- Patient seem to have trouble controlling his behavior as well as insubordination towards D&B officers.

- PE Patient was reminded to focus on the portion of himself that wants to go on living. Patient was also encouraged to change irrational behavior.

J. Hall M.S. MHP

Patient's Name, (Last, First, Middle)

AIS#

Age

R/S

Facility

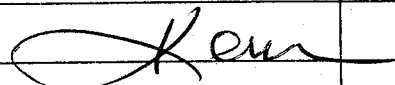
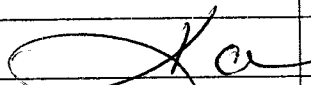
HAMPTON, RANDALL

226420

B/M

BCCF

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|--|---|
| 11/7/03 | 1245 | <p>S. Escalating in safe cell again. Loud, pacing, but able to slow down on converse.</p> <p>No suicidal threats now, but fears he "can't take it." Agrees to accept pr Thorazine. Contracts for safety.</p> <p>O. Agitated</p> <p>A. He continues to have difficulty managing his emotions / behavior, and is in danger of regressing. Not judged acutely suicidal.</p> <p>P. Thorazine prn support</p> |  |
| 11/7/03 | 1340 | <p>S. Seen again in safe cell. Agitated, but able to verbally de-escalate. Declines further Rx for the moment. No new threats.</p> <p>O. Easily agitated; gets fearful, paces.</p> <p>A. Ongoing, fluctuating crisis situation, though he calms a little easier now.</p> <p>P. Will make 1M Ativan available in addition to Thorazine. Inmate agrees. Ongoing support in safe cell</p> |  |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, R | 226420 | | | |

Monthly Activities

Date: 1.13.07IM Name: Randell Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

January 04, Activities: Mental Stimula-
tion worksheet, open recreation,
River, Social skills, Current ex-
ents, movies, music therapy,
Current, Gospel, social skills.

His level of participation was generally active/marginal/reluctant/resistant/refused to participate in the previously mentioned group(s). This is consistent/inconsistent with his use of recreational services to date. Affect was generally angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad. Mood appeared angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent. Hygiene was good/WNL/poor. IM was generally on time/late. General appearance was Neat/WNL/Disheveled/Shabby. Speech was generally clear/mumbling/slurred/unintelligible. Interpersonal interactions were generally relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Bury
 Signature

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|---|-----------|
| 11/6/03 | 1320 | <p>S. Seen in safe cell this AM and again this afternoon. He says he's hungry and would prefer to return to seg. He is not threatening to harm himself, and we had a frank discussion of his history of making suicidal statements and how this has kept him on close watch and restricted to bag meals.</p> <p>O. Alert, easily frustrated but able to develop rapport. Speech is spontaneous and clear. No objective signs of psychosis. He's able to contract for safety and understand all of our conversation about options.</p> <p>A. (Severe) Perisociality D/O ("cluster B")</p> <p>P. He declines any meds. We'll D/C suicide watch (MHO only) and I'll see him in safe cell in AM</p> | |
| 11/7/03 | 1100 | <p>S. Seen in safe cell. He feels better. No major outbursts. He requests to remain in safe cell through weekend, then go to seg, as he fears he'll have a challenge coping there and could "go off" unless we're around to help.</p> <p>O. Polite. More relaxed. No suicidal threats now.</p> <p>A/P. crisis resolving. Will keep on MHO through Monday AM, then to seg</p> | |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randall | 226420 | | | BCCF |

INTERDISCIPLINARY PROGRESS NOTES

DATE TIME

NOTES

SIGNATURE

11-6-23

Treatment Note:

The Patient was asked to describe the frequency and intensity of his suicidal thoughts and feelings, the details of any existing suicidal plan, and the history of past attempts. Patient was encouraged to be forthright regarding the current strength of his suicidal feelings and the probability to comply with suicidal urges. Patient is being monitored in a crisis cell on an ongoing basis for his suicide potential.

S. H. M.S. MFT Associate
MHP

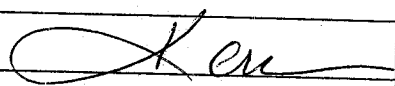
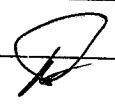
| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|---------|-----|-----|----------|
| HAMPTON, RANDALL | 226 420 | | B/M | BCCF |

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|----------|------|--|-----------|
| 11-01-03 | 1000 | <p>L. Pt awakened in infirmary, initially beating fists on door + then banging head on door. Lt Stevens here to help de-escalate situation. Pt does not want 'shot' Explained to pt our obligation to protect him from self-injury. Explained that if he does not stop banging head, medication and/or restraints will be needed. Pt expressed understanding of agreement. Vague suicide references - denies plan.</p> <p>○ Tearful, poor eye contact</p> <p>○ As per Dr Kern, acute disruptive + self-injurious behavior</p> <p>Pt Stevens took pt outside for break</p> <p>Pt understands that further self-injury / head-banging will require meds / restraints.</p> <p style="text-align: right;">M. Welbeck</p> | |
| 11/5/03 | | <p>1/4 m/pt in Colson Tug.</p> <p>1/4 in Dressing Sq. Min.</p> <p>PKT chg ASK for 1/4 - not act out</p> <p>1/4 with another chg in HCU. & Nit</p> <p>Tyler with DO.</p> | |
| 11/5/03 | 1200 | <p>Pt Began to Head Agt & Etc</p> <p>Via gun shot of HCU + etc.</p> <p>Tt Calm in room</p> <p style="text-align: right;">J</p> | |

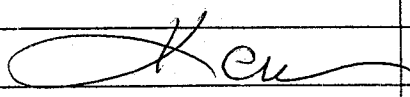
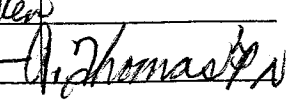
| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randall | 226420 | 20 | BM | Beck |

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|--|---|
| 11/3/03 | 1045 | <p>Addendum:</p> <p>Inmate seen in safe cell several times this morning and case discussed w/ Dr Sanders and w/ security officers. Inmate keeps getting agitated, fearful, pacing, pounding on door, yelling. Some suicidal comments, such as "Why don't you get a gun and shoot me?!" He only briefly calms after I talk w/ him, then the cycle repeats.</p> <p>He needs medication to interrupt this emotional crisis. He initially refused, but then agreed and accepted meds voluntarily after Lt Perkins spoke to him in safe cell.</p> | |
| | | |  |
| 11/4/03 | 0730 | <p>Sleeps quietly thru Am. - I did not get a call about him last night. Will check when he wakes up.</p> |  |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, Randall | 226420 | 20 | B/M | BCCF |

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|---------------------|------|--|---|
| 11/3/03 | S. | Seen in safe cell. | |
| 0650 | | He says he was "beaten" by officers and he wants to transfer out of this camp. He was observed in the safe cell deliberately falling to the floor, per officer, but shows no evidence of injuries to my observation. He says he was suicidal because he thought "the police" were going to harm him. | |
| | O. | Now calm; initially says he "can't remember," when asked what happened, then relates events in some detail. He says he won't forget what officers did to him and he may harm one of them. He does not exhibit any psychotic features, nor does he appear depressed. | |
| | A. | Dx likely primary Axis II (ASPD w/ long hx of conflict w/ authorities) | |
| | P. | Continue safe cell pending review of disposition options. Discussed c Dr Sanders. | |
| | | |  |
| | | | Kern MD |
| Late Entry 11/02/03 | 1400 | Haldol 10mg IM & Ativan 2mg IM given in Rt gluteal per order Dr. Sanders. |  |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, R | 226420 | | Bm | BCCF |

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | NOTES | SIGNATURE |
|----------|------|---|---|
| 10/25/03 | 0800 | <p>S. Various C/O incl. "leg hurs", "flashbacks". Prim hx "voices", "seeing things." Dramatically reports hx multiple attempts at self-harm, but no intent / plan now.</p> <p>O. Alert, spontaneous. Voices has whining quality, but is nl rate. Affect constricted. Vague SI, but no plan / threat. No threats to others. No objective psychotic features. Tends to be overinclusive / tangential</p> <p>At Taylor Hardin SMF 5/2/02 - 7/9/02 w/ dx of I. Malingering II. Polysubstance abuse + III. ASPD III. Pseudoseizures</p> <p>A. Questionable dx on Axis I. ASPD + Borderline PD(?)</p> <p>P. D/C Prozac (not taking anyway) Considering D/C Haldol - discuss next visit; monitor</p> | |
| 10/28/03 | | <p>Note: Inmate is competent enough to participate in disciplinary hearing</p> | <p><i>[Signature]</i> <i>[Signature]</i></p> |

| Patient's Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|---------------------------------------|--------|-----|-----|----------|
| Hampton, R | 226420 | | B/M | BCCF |

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: HAMPTON, RANDALL AIS#: 226420

Institution: Bullock Date of Disciplinary Report: _____

Is the inmate currently on the mental health caseload?

If Yes, referred for mental health evaluation/consultation on: _____

☐ Yes ☐ No

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
Is the inmate appropriately dressed?
Does the inmate make sense?

Does the inmate know what date it is?
Is inmate able to speak coherently?
Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?
Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency?

If Yes, referred for mental health evaluation/consultation on: _____

☐ Yes ☐ No

MENTAL HEALTH STAFF:

Date request for consult received: 11-10-03

Date consult returned: 11-10-03

Is the inmate competent to participate in the hearing?

If NO, why is the inmate not competent?

☒ Yes

☐ No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?

If YES, briefly describe the issues:

Yes ☐ No ☒

Are there mental health issues to be considered regarding disposition if inmate found guilty?

If YES, briefly describe the issues and possible relation to the disposition:

Yes ☐ No ☒

Does mental health staff want to be present at the disciplinary hearing to provide input?

Mental Health Staff Member: Mr. Hume

Phone Contact: 132

Yes ☐ No ☒

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?
Have the mental health recommendations been considered?

Yes ☐ No ☐
Yes ☐ No ☐

Hearing Officer: Kelvin Inghatt

Date: 11-7-03

Inmate Name

AIS #

I mental health status was reviewed in an open mental health staff meeting. No one thought going to disciplinary court was a problem. His thinking is clear. On 11-10-03. Tuck Turner

TAYLOR HARDIN SECURE MEDICAL FACILITY

HOSPITALIZATION SUMMARY

* CONFIDENTIAL & PRIVILEGED *
* For Professional Use Only *
* Not for Publication *
* Not to be Used Against *
* Patient's Interest *

NAME: Hampton, Randall

FILE NO. 06 50 32 96

SEX: Male

MARITAL STATUS: Single

DATE OF BIRTH: 10/15/83

S.S. #: 421-17-2669

ENT ADMISSION DATE: 05/02/02

MISSION STATUS: TX-IST/MSO

LEAVE DATE: 07/09/02

LEAVE STATUS: Discharge

PATIENT'S NEXT-OF-KIN: Barbara Hampton

Relationship: Mother

Address: 6385 Airport Road
Elmore, AL 36025

Phone: (334) 290-3723

PROVISIONAL DIAGNOSES

AXIS

Psychotic Disorder, NOS, Rule Out

I

Major Depressive Disorder, Single, Rule Out

I

Other (or Unknown) Substance Abuse, Rule Out

I

Personality Disorder, NOS, Rule Out

II

Epilepsy, NOS – Not Intract

III

GAF: 35

V

FINAL DIAGNOSES

AXIS

Malingering

I

Polysubstance Abuse

I

Antisocial Personality Disorder

II

TAYLOR HARDIN SECURE
MEDICAL FACILITY
Tuscaloosa, Alabama

NAME: Hampton, Randall
FILE NO.: 06 50 32 96

HOSPITALIZATION SUMMARY

PAGE 2

Pseudoseizures, History of Seizures and Complains of Gastritis
Moderate
GAF: 55

III
IV
V

OTHER MEDICAL DIAGNOSES

None.

PROGNOSIS FOR PRINCIPAL DIAGNOSES

Guarded.

DISCHARGE MEDICATIONS

1. Phenobarbital 30 mg. po q. hs
2. Tegretol 300 mg. po b.i.d.
3. Benadryl 100 mg. po q. hs
4. Zantac 150 mg. po b.i.d.

MEDICAL SUMMARY

Mr. Hampton was seen for a physical examination on May 3, 2002 conducted by Alice Cunningham, CRNP. The patient reported a history of a seizure disorder, past suicide attempts, putting his head into a toilet, cutting himself and trying to starve himself to death. He had numerous scars and tattoos including a five-inch scar on left lateral neck, long scar on left posterior forearm and four-inch scar on right wrist.

At the time of admission, Mr. Hampton weighed 150 pounds with an ideal body weight range of 154 to 166 pounds. He was placed on a regular diet. Admission lab work indicated the following out of range results: SGOT (AST) 53, SGPT (ALT) 101, WBC 3.98, RBC 4.07, MCV 96.1, MCH 34.4, and Tegretol level 2. Syphilis serology was nonreactive. AIMS testing indicated a score of zero. PPD was negative on 05/07/01.